

**Annual Report on the
Public Health Portion of the
Nebraska Health Care Funding Act (LB 692)**

**Presented to the
Governor and the
Health and Human Services Committee
of the
Legislature**

**Office of Public Health
Health Services
Department of Health and Human Services**

December 1, 2003

The 2001 Nebraska Health Care Funding Act (LB 692) provided funds for the development of local public health departments. Single county departments can be formed if the population of the county is 50,000 people or greater. For all counties with less than 50,000 people, the law requires the formation of a multi-county or district health department that has a minimum of three counties and at least 30,000 people.

Each local public health department that qualifies for funding under LB 692 is required to prepare an annual report regarding the core public health functions carried out by the department in the prior fiscal year (July 1, 2002 - June 30, 2003). This report must then be submitted to the Department of Health and Human Services by October 1, 2003. The Department is responsible for compiling the reports and submitting the results to the Health and Human Services Committee of the Legislature by December 1, 2003.

Organizational Development

As of June 30, 2003, a total of 18 local public health departments representing 84 counties were eligible to receive funds under the Health Care Funding Act. The list of public health departments and their affiliated counties are shown in Table 1. These departments continue to cover 84 of Nebraska's 93 counties. Prior to the passage of LB 692, only 22 counties were covered by a local public health department. Figures 1 and 2 illustrate this contrast.

Of the nine counties that are not part of a local public health department, under LB 692, six counties (Arthur, Deuel, Grant, Hooker, Keith, and Thomas) that are part of the Sandhills District Health Department are considering joining the West Central District Health Department. Sioux County may join the Panhandle Public Health Department. Although Dakota and Scotts Bluff Counties have single county health departments, they do not meet the eligibility requirements of the Health Care Funding Act and staff from the Office of Public Health continue to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds allocated to each of the eligible local public health departments. The total amount of funds ranged from \$826,223 in the Douglas County Health Department to \$179,206 for the Loup Basin Public Health Department. Infrastructure funding was based on the population. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000 and departments that had 30,000 people but fewer than 50,000 received \$100,000. Per capita funds were distributed at \$2.10 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. The funding levels for local health departments exceeded the \$5.6 million during the second fiscal year because the funds that were being held for the nine counties that are not part of a qualified district health department were redistributed at the end of the year. It should also be noted that a total of \$313,000 was withheld from the Douglas County Health Department because funds from LB 692 can not be used to replace or reduce existing county funding to a department. During the fiscal year, the Douglas County Board reduced the amount of county funds to the Douglas County Health Department by \$313,000. As a result, the per capita funds to the department were reduced by the same amount and were redistributed to the other qualified departments.

According to Table 3, a total of \$2,710,671 were expended by local health departments during the last fiscal year. This amount was slightly more than 48 percent of the funds that were received. Most of the funds were spent for the basic infrastructure of the department (i.e., personnel, benefits, office expenses, equipment, and building remodeling). Almost 20 percent of the funds were expended for contractual services.

The relatively low percentage of funds spent is not surprising for several reasons. First, many of the new health departments were in the process of organizing during the first eight months of the fiscal year. Several health directors were hired in the fall and three directors were not hired until January or February of 2003. Without a health director, an office could not be established and equipped and additional staff could not be hired. Also, most boards of health were reluctant to commit funds for new projects until a comprehensive need assessment was completed. The results of most of these assessments were not available until after the fiscal year ended. In recent months, however, many departments have established priorities, and they are beginning to expend funds on new projects. As new projects continue to be developed and salaries are paid on a full year, it is anticipated that in future years the percentage of funds expended will be at or near 100 percent.

TABLE 1**Local Public Health Departments Funded Under the
Nebraska Health Care Funding Act (LB 692)**

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health Department	Banner, Box Butte, Cheyenne, Dawes, Garden, Kimball, Morrill, Sheridan
Public Health Solutions	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health & Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Lincoln, Logan, McPherson

INSERT MAP OF OLD HEALTH DEPARTMENTS (FIGURE 1)

INSERT MAP OF NEW HEALTH DEPARTMENTS (FIGURE 2)

TABLE 2

**LB 692 Health Department Payments
July 1, 2002 - June 30, 2003**

District Name	Infrastructure	Per Capita	Total	Population
Central District	\$125,000.00	\$170,765.00	\$295,765.00	71,141
Douglas County	\$149,999.00	\$676,224.00	\$826,223.00	463,585
East Central	\$125,000.00	\$125,780.00	\$250,780.00	52,400
Elkhorn Logan Valley	\$125,000.00	\$143,243.00	\$268,243.00	59,675
Four Corners	\$100,000.00	\$109,218.00	\$209,218.00	45,500
Lincoln-Lancaster Co	\$149,999.00	\$600,794.00	\$750,793.00	250,291
Loup Basin	\$100,000.00	\$ 79,506.00	\$179,506.00	33,122
North Central	\$125,000.00	\$122,620.00	\$247,620.00	51,084
Northeast Nebraska	\$100,000.00	\$ 79,156.00	\$179,156.00	32,976
Panhandle	\$100,000.00	\$119,747.00	\$219,747.00	49,886
Public Health Solutions	\$125,000.00	\$138,882.00	\$263,882.00	57,858
Sarpy/Cass	\$149,999.00	\$352,687.00	\$502,686.00	146,929
South Heartland	\$100,000.00	\$113,558.00	\$213,558.00	47,308
Southeast District	\$100,000.00	\$ 96,204.00	\$196,204.00	40,078
Southwest District	\$100,000.00	\$ 80,676.00	\$180,676.00	33,610
Three Rivers	\$125,000.00	\$179,476.00	\$304,476.00	74,770
Two Rivers	\$125,000.00	\$222,650.00	\$347,650.00	92,756
West Central	\$100,000.00	\$ 86,267.00	\$186,267.00	35,939
TOTAL	\$2,124,997.00	\$3,497,453.00	\$5,622,450.00	1,638,908

TABLE 3

**LB 692 Local Public Health Departments
July 1, 2002 - June 30, 2003 Expenditures**

Departments:	LB 692 Local Public Health Departments
Total Funds Received:	\$5,622,450.00
Total Funds Expended:	\$2,710,671.82
Budget Period:	July 1, 2002 - June 30, 2003

Line Items	Expenditures
Personnel	\$1,077,411.01
Benefits	\$ 215,888.98
Travel	\$ 103,665.77
Office Expenses	\$ 186,684.92
Communications	\$ 71,476.23
Equipment	\$ 162,827.89
Advertising/Printing	\$ 23,254.18
Building Remodeling	\$ 114,395.82
Fees/Subscriptions/Insurance	\$ 40,520.28
Contractual	\$ 518,794.64
Other	<u>\$ 195,752.10</u>
TOTAL	\$2,710,671.82

Current Initiatives

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance and the associated ten essential services. The Health Care Funding Act requires the departments to provide the three core functions and as many as the ten essential services as possible.

During the fiscal year July 1, 2002 - June 30, 2003, considerable progress was made in the provision of the core functions and ten essential services. During this year, the Boards of Health completed early organizational development activities such as by-laws and inter-local agreements. Also, most health directors were hired during the fiscal year. As a result, every new health department demonstrated significant improvement in both the number and complexity of activities and programs. At this point all health departments are providing the core functions but not all of the ten essential services. Because of the large number of activities, only a few examples are provided under each of the ten essential services so that the report does not become too lengthy.

Core Function - Assessment

Essential Service: Monitor Health Status to Identify Community Health Problems

- Nearly all of the departments have or are in the process of completing a comprehensive assessment of health needs in their area. This assessment generally includes a household survey to determine the health risks (e.g., tobacco use, substance abuse, physical activity levels, obesity, and environmental quality) and access to health care services. Many departments have also conducted a youth behavioral risk factor survey and focus group interviews of selected populations. Mortality and morbidity data that have been collected by the HHS System have also been analyzed and used in the local needs assessment.
- A limited number of departments conducted surveys and/or focus group interviews of the racial/ethnic minority populations in the area.
- All departments worked with HHS in monitoring and educating the public in West Nile Virus.
- A statewide school surveillance program was initiated through the local departments to monitor absences due to illness.
- Several departments have engaged in asset mapping (i.e., the resources and assets that are available to meet health care needs).

- Two departments have placed a special emphasis on determining access to dental services for the low-income population.
- The Panhandle Public Health Department is part of a coalition that is developing an area-wide data collection system, which will be used as a public health surveillance system. Thus far, a total of 38 agencies are collecting information from 260 licensed user sites.
- The Lincoln-Lancaster County Health Department is studying the factors and outcomes related to the birth of low birth weight and/or premature babies. Almost 200 babies have been tracked in the first two years of the project.

Essential Service: Diagnose and Investigate Health Problems and Health Hazards in the Community

- Many departments investigated a variety of nuisance problems, including odors, litter, garbage, and unsafe living conditions.
- The larger departments (Central District, Douglas County, East Central, and Lincoln-Lancaster County) conducted numerous infectious disease investigations (e.g., Hepatitis C and Tuberculosis).
- Most departments provided identification and surveillance of public health threats and emergencies such as the number of dead birds testing positive for West Nile Virus, possible exposure to rabies and lead, testing for high radon levels, and E-coli outbreaks.
- All departments were involved in planning and implementing mass smallpox clinics and developing an emergency preparedness plan in the area.
- The Lincoln-Lancaster County Health Department is working collaboratively with the Lincoln public schools to screen elementary school children that have not had dental care in the past 12 months. These children were provided with information and referral for their dental health needs.
- Douglas County has contracted with a refugee resettlement agency to hire an outreach worker to assist in the control of tuberculosis and other infectious diseases in the Sudanese community. This individual assists the department in providing culturally appropriate disease information (in both written and oral formats), provides transportation of patients to physicians' offices for diagnosis and testing and provides therapy for tuberculosis. The outreach worker is available to assist in any infectious disease situation occurring in the community and has, during the contract period, assisted the department in the investigation and control of tuberculosis, enteric diseases, and STD's, as

well as translating written departmental materials for use in the Sudanese community.

Essential Service: Inform, Educate, and Empower People About Health Issues

- The new health departments provided information about the public health functions and activities at county commissioner/supervisor meetings, community forums, and other meetings.
- All departments have informed and educated the public about West Nile Virus, SARS, and smallpox.
- Many departments have educated the public about issues related to emergency preparedness and bioterrorism, radon, monkeypox, child care safety seats, dental health/fluoride, seat belt/helmet restraint usage, childhood lead, nutrition/obesity, immunizations, HIV, prenatal care, and well-child checks.
- Douglas County has implemented an outreach program to minority populations utilizing community health workers to provide health education to hard-to-reach members of four minority communities. The four target groups are African American, Sudanese, Hispanic, and Native American. The Department has contracted with the Chicano Awareness Center, the Nebraska Urban Indian Health Coalition, the Southern Sudanese Community Association, and the Women's Health Center, in collaboration with New Creations, to provide outreach services and education. The agencies participate as members of a community outreach committee, which has the responsibility to collectively monitor, guide, and assess the progress of the program. The outreach projects are addressing diabetes, nutrition, exercise, substance abuse (including tobacco), teen pregnancy (which includes risk factors for infant mortality), obesity, cardiovascular disease, infectious disease, and hypertension.
- Lincoln-Lancaster County offers the "Navigate Your Way to Safe and Healthy Child Care" education program. The overall goal of the program is to assist child care professionals in promoting optimal health and safety for children in their care through increased awareness, identification of actual/potential problems, timely action, and communication with parents and health care providers. The program consists of in-service trainings and one-on-one technical assistance and consultation. The in-service topics include health and safety policies, handling stress on the job, infectious disease control, food-borne illnesses, and asthma. An Environmental Public Health Educator who was hired under LB 692 funding leads the program.

- Lincoln-Lancaster County has created an internal web site to help their staff provide better information and education to the public. For example, reports can be prepared based on the analysis of encounter data from various program areas (e.g., client information system and the environmental health information system). In addition, an online query system can display reference data such as crash outcome data, and an arc internet mapping system has been developed for land use planning and West Nile surveillance.

Core Function - Policy Development

Essential Service: Mobilize Community Partnerships to Identify and Solve Health Problems

- Several departments either have completed or are in the process of setting priorities for new initiatives. Many of the departments have involved the community during the process. The East Central District Health Department has formed nine sub-committees to address each of their high priority strategic issues. Each sub-committee is chaired by a community leader and there are 28 agencies that have signed a memorandum of agreement to continue their involvement in this process.
- Many health departments are collaborating with a variety of agencies and organizations, including head start programs, child abuse coalitions, hospitals, physician clinics, emergency management agencies, police and fire departments, community action agencies, area health education centers, churches and health ministries networks, community learning centers, mental health agencies, and racial/ethnic minority organizations.

Essential Service: Develop Policies and Rules that Support Individual and Community Health Efforts

- All departments are working with emergency management program directors to develop the public health section of the Local Emergency Operations Plan (LEOP).
- A few departments are working with tobacco coalitions to develop policies concerning environmental tobacco regulations.
- Many departments have completed or are in the process of completing a Community Health Improvement Plan that contains priority strategic initiatives.

- All departments have developed policies and procedures for mass immunization clinics.
- The Central District Health Department and Lincoln-Lancaster County Health Department have collaborated with community groups to promote and establish walking paths and encourage the use of a trail system.

Core Function - Assurance

Essential Service: Enforce Laws and Regulations that Protect Health and Ensure Safety

- Some health departments have conducted inspections for compliance with Nebraska's Clean Indoor Air Quality laws.
- Three health departments inspect food establishments, pools, and septic tanks. All other departments notify the appropriate state agency (e.g., the Department of Agriculture) when a problem occurs.
- Lincoln Lancaster County and Douglas County enforce laws and regulations for dog bites. Lincoln Lancaster County has purchased two vehicles to assist staff in investigating dog bites and animal attacks as well as chemical responses, hazardous materials releases, and illegal narcotics productions (e.g., meth labs).
- Some health departments have notified non-compliant tuberculosis patients of the rules and regulations that must be followed (e.g., quarantine).

Essential Service: Link People to Needed Medical and Mental Health Services and Assure the Provisions of Health Care When Otherwise Not Available

- The new health departments refer patients with medical, dental, and mental health problems to the appropriate clinic or agency for care. Some departments are also working with the United Way to establish a 211 telephone number to access resources in the area and state.
- A few departments are developing web sites that will link people with health providers and services in their district and state. In addition, some departments have distributed booklets of all medical, dental, optometric, chiropractic, and counseling providers.
- Four health departments have been involved in coordinating grant applications to develop new federally-funded community health centers. With

grant monies, community health centers (CHCs) are expected to provide primary care, dental, and mental health services, regardless of whether a patient has health insurance coverage. Two new community health centers have been funded in Lincoln and Columbus. The CHC in Columbus is part of the East Central District Health Department.

- The Elkhorn Logan Valley Department is collaborating with the Northeast Health Care Partnership to implement the Minority Health Initiative's Project MEGA Health. This project provides dental and diabetes screening and education for racial/ethnic minority populations in Madison, Cuming, and Dixon Counties.
- The East Central District Health Department provides nursing services for the inmates in the Platte County Detention Facility. The Public Health Nurse consults with correctional officers regarding the medical needs of inmates and dispenses medications after 4:00 p.m., weekends, and holidays.
- The West Central District Health Department provides support of the chronically mentally ill through the Med Box Program. The support services involve assistance with medication compliance, side effects, and the need for medication changes.
- The Southeast District Health Department contracts with the state Medicaid program to implement the CATCH program. This program provides assistance from a toll-free number to Medicaid clients seven days a week and 24 hours a day. The Medicaid callers receive follow-up calls after triage and emergency room visits. Clients are also contacted after missed physician and dental appointments. The public health nurse is also able to direct the caller to the level of care that is needed and this service is also available to any non-Medicaid caller with questions.
- The Lincoln-Lancaster County Health Department is working collaboratively with area schools and service agencies to provide referrals and treatment services for families and individuals not accessing dental services by transporting children and providing dental treatment to children identified through the school based program as needing emergency/priority dental care. In addition, the Dental Health Component is working with area schools and service agencies to provide dental sealants to children at risk for dental disease using the Mobil Health Clinic.
- Lincoln-Lancaster County is also coordinating the provision of neighborhood-based services for the newly opened F Street Recreation Center operated by the Lincoln Parks and Recreation Center. Some of these services include: Young Mother's Group for new mothers and their infants; Diabetes Screening;

Cardiovascular Screening; Bicycles Safety for Children; Dental Education and Dental Sealants for Children; Lead Prevention Information and Screening; Tobacco Prevention Information for Children; Children's Environmental Health Information on Hazardous Household Materials; and Injury Prevention Presentations and Information.

Essential Service: Assure a Competent Public Health Workforce Within the Health Care Industry and Public Health Departments

- Staff from health departments have attended a variety of training sessions in this past year. These include bioterrorism and emergency preparedness planning, leadership training, grant writing, HIPAA rules and regulations, smallpox, social marketing, and West Nile Virus.
- Health department staff have provided many educational materials, information, and training to other members of the public health workforce. For example, they have provided information to physician clinics about prenatal tobacco cessation programs, smallpox, and hepatitis C. Workshops for other health care providers have been held for West Nile Virus.
- Staff from the East Central District Health Department underwent a cultural competency assessment in 2002 and repeated the process in 2003. One of the members of the staff is a certified medical interpreter trainer who frequently provides workshops throughout the state on public health cultural competency issues.
- Lincoln-Lancaster County conducted a diversity training workshop for several staff. The outcomes from the training are being used by the Department to examine how they address diversity through their organizational culture and how they put diversity into practice.
- Douglas County had three staff trained in a medical interpreter course.

Essential Service: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments

- A few departments have conducted face-to-face interviews of their service providers to identify services that are already available and those that are needed. This information is being used to design new programs to expand health services.
- The East Central District Health Department evaluates nursing services offered at the Platte County Detention Facility and the local Substance Abuse

- Inpatient Treatment Program for compliance with medication practices. The Department also uses client satisfaction surveys to evaluate services in all clinics.
- Elkhorn Logan Valley is involved in the evaluation of projects that offer diabetes screening, education, and case management.
 - Lincoln-Lancaster County evaluates all parts of the physical activity/nutrition portion of the Lincoln on the Move Program. This evaluation includes the number of participants as well as more complex assessments such as comprehensive surveys.

Essential Service: Research and Gain New Insights and Innovative Solutions to Health Problems

- Several departments worked with the Department of Regulation and Licensure to test light mosquito traps.
- The Northeast Public Health Department is working with students in summer youth camps using Geographic Information Systems (GIS). One group of students surveyed restaurants and food handlers about public health precautions important to their professions. A second group from a science camp used a Global Positioning System (GPS) to mark the location of wells they tested for nitrate levels.
- Lincoln-Lancaster County has worked with the University of Nebraska-Lincoln Psychology Department and the Public Policy and Research Center to design a community questionnaire to gather information regarding individual perceptions about physical activity, barriers to physical activity, and marketing messages that reach minority populations regarding physical activity.

Leveraging Other Grant Funds

One of the advantages of the new local public health departments is that they have been successful in leveraging other grant funds. For example, several departments have received grant funds for West Nile Virus, radon testing, and preventive and maternal and child health block grants. In addition, all local public health departments have received funds from the CDC Bioterrorism grant. These funds have been used to purchase new computers with high-speed Internet access and fax machines. The funds have also been used to hire additional staff for school surveillance and to work with emergency management coordinators to develop plans for addressing bioterrorism and other emergency response threats.

Technical Assistance and Training

The Office of Public Health continues to provide considerable technical assistance and support to the local public health departments that are funded under the Health Care Funding Act. This technical assistance has involved the basic elements of a health needs assessment, a process for setting priorities, and options for intervention strategies. Staff have also provided training to local health department directors and local boards of health. Finally, during the past year, considerable technical assistance was provided in planning for bioterrorism events and emergency preparedness as well as planning for mass immunization clinics.

The Office of Public Health works closely with the Public Health Association of Nebraska (PHAN) to provide training opportunities. During the past year, PHAN has organized three training and educational workshops for new directors and board members. PHAN will continue to provide training sessions next year through a grant from the Nebraska Health Care Cash Fund.

PHAN has also worked closely with staff from the HHS System to make effective use of the CDC bioterrorism grant funds. The Executive Director of PHAN is a member of the internal Bioterrorism Advisory Team. This team determines the types of workshops on bioterrorism and emergency preparedness that should be offered to local health department directors. For example, a five-day Epidemiology 101 class was held to improve the skills of local health department staff. In addition, an intensive communications workshop was organized to help health department directors work more effectively with the media when an emergency event occurs. The Nebraska Bioterrorism Education Consortium, a joint project of the University of Nebraska Medical Center and the Creighton University Medical Center, has also provided workshops on bioterrorism and emergency preparedness.

Local health department directors were given the opportunity to interact with Ed Thompson, the Deputy Director of the Centers for Disease Control and Prevention, when he made a site visit to Nebraska. In this meeting, health directors were able to learn about best practices and planning for emergency events that have been developed across the country.

Finally, the Nebraska Educational Alliance for Public Health Impact was formed in 2000. The Alliance includes representatives from both the academic community and the public health practitioners in the field. The goal of the Alliance is to develop an agenda for meeting the training needs of public health professionals throughout the state. During the past year, the Alliance conducted focus group interviews and organized a summit to develop a more specific training agenda.

All of these training initiatives will help the staff and board members of the new departments to become more knowledgeable about the core functions and ten essential

services and acquire the core competency skills. These skills include analytic assessment, policy development and program planning, communication, cultural competency, community collaboration, public health sciences, financial planning and management, and leadership.

Conclusion

During the second year of funding and the first full year of operation, considerable progress has been made in the development of local public health departments throughout the state. As required under Nebraska Health Care Funding Act, every department now provides all of the three core functions of assessment, policy development, and assurance. In addition, most departments provide many, but not all, of the ten essential services. They appear to be allocating their funds based on health needs and priorities and are collaborating with many organizations and coalitions in their areas. They have assumed a key leadership role in the coordination and planning of health services and have collaborated with emergency management organizations to plan for emergencies and bioterrorism events. Although the new health departments are far from mature organizations, they are beginning to show the promise and potential that was originally envisioned under the Nebraska Health Care Funding Act.